Form 10-A (Supplemental Affidavit Agency) 9/99

FAMILY CO COUNTY OF		STATE OF NEV	W YORK	
In the Matter of the Adoption of A Child whose First Name is				(Docket)(File) No.
				SUPPLEMENTAL AFFIDAVIT (AGENCY)
STATE OF N	NEW YORK)		
COUNTY		ss:)		
being duly sw	vorn, depose(s)) and say(s):	(and)
filed and repr	ent(s) reallege esent(s) to the	filed in this Court(s) and reaffirm(s	urt that there has been no ch	rth in said petition heretofore
Date:			/	
	Adoptive Par	rent: typed or prii	nted name/ signature	
			/	
	Adoptive Parent: typed or printed name / signature			
	Adoptive child if over 18: typed or printed name/ signature			
	Attorney if any: typed or printed name/signature			
	Attorney's A	Address and Telep	bhone number	
Sworn to befo day of	, .			
Judge of the	Court			